PTO/SB/21 (01-08)
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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

**Application Number** 10/520,462-Conf. #4516 Filing Date August 12, 2005 First Named Inventor Henrik Holter Art Unit 2821 Examiner Name M. C. Wimer Attorney Docket Number 43327-212567

Total Number of Pages in This Submission		on 14	Attorney Docket Numi	43327-212567					
ENCLOSURES (Check all that apply)									
X Fee Transmittal Form		Drawing(s)		After Allowance Communication to TC					
Fee Attached		Licensing-rela	ated Papers	Appeal Communication to Board of Appeals and Interferences					
x Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
X After Final		Petition to Co Provisional A		Proprietary Information					
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Letter					
x Extension of Time Request		Terminal Disc	claimer	Other Enclosure(s) (please Identify below):					
Express Abandonment Request		Request for Refund							
Information Disclosure Statement		CD, Number	of CD(s)	*					
Certified Copy of Priority Document(s)		Landso	ape Table on CD						
Reply to Missing Parts/ Incomplete Application		Remarks							
Reply to Missing Parts under 37 CFR 1.52 or 1.53									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	VENABLE LLP	/	20						
Signature	ana Inilo								
Printed name	Eric J. Franklin	7	,						
Date	January 24, 2008		Reg. No.	37,134					

Complete if Known

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/2004.

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1	PARAMENTE S	

FEE TRANSMITTAL	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					0/520,462-Cont. #4516			
For FY 2008    First Named Inventor   Henrik Holter	FEE TRANSMITTAL					<del> </del>	)5		
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 120.00  Attorney Docket No. 43327-212567  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account, Number 22-0261  Deposit Account Name: Venable LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Check of the status of the st				L					
METHOD OF PAYMENT (check all that apply)	FULFT 2000			Examiner Name	N.	M. C. Wimer			
Check	Applicant claims small entity status. See 37 CFR 1.27			7	Art Unit 2821				
Check Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Number   22-0261   Deposit Account Name   Venable LLP	TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No. 43327-212567				
X   Deposit Account   Deposit Account Number   22-0261   Deposit Account Name   Venable LLP	METHOD OF	PAYMENT (check	( all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below	Check	Credit Card	Money Order	None	e Other	please identify	):		
Charge fee(s) indicated below    Charge any additional fee(s) or underpayments of   X   Credit any overpayments	X Deposit Acc	count Deposit Account	Number: 22	-0261	Deposit	Account Name:	Ver	nable LLP .	
X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	For the a	above-identified dep	osit account, the D	irector is	hereby authorize	ed to: (check	k all that apply)		
Fee   Sunder 37 CFR 1.16 and 1.17	x Ch	arge fee(s) indicate	ed below		Charg	e fee(s) indi	cated below, ex	cept for the filing fee	
Application Type	X Ch	arge any additional e(s) under 37 CFR 1	fee(s) or underpay	ments of	x Credit	any overpa	yments		
Picking   Pick	FEE CALCUL	ATION							
Signature   Small Entity   Fee (\$)   Fee (\$)	1. BASIC FILING	G, SEARCH, AND E	XAMINATION FE	ES					
Application Type		F		SEA		EXAMIN			
Utility	Application Ty	pe Fee (		Fee (\$)		Fee (\$)		Fees Paid (\$)	
Plant				510	255	210	105		
Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims Total Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof.  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof.  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof.  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Registration No. (Altomey/Agert)  Registration No. (Antomey/Agert)	Design	210	105	100	50	130	65		
Provisional 210 105 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 730 185  Total Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  -20 = x = Fee Paid (\$) Multiple Dependent Claims  -20 = x = Fee Paid (\$) Fee Paid (\$)  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -3 = X = HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -3 = X = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.60 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x = Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00	Plant	210	105	310	155	160	80		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee (\$)  Fee Paid (\$)  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee (\$)  Fee Paid (\$)  Fee Yaid (\$)  Registration No. (Altomey/Agert) 37,134  Telephone (202) 344-4936	Reissue	310	155	510	255	620	310		
Fee Description Each claim over 20 (including Reissues) Each lindependent claim over 3 (including Reissues)  Each independent claims  Fee (\$) 50 25  Each independent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep Claims  Extra Claims  Fee (\$) Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month  Registration No. (Altomey/Agent) 37,134 Telephone (202) 344-4936	Provisional	210	105	0	0	0	0		
Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  -20 =	2. EXCESS CLA	IM FEES							
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof.  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month  Registration No. (Altomey/Agent) 37,134 Telephone (202) 344-4936		20 (including Poi	anaa)						
Multiple dependent claims  Total Claims  Extra Claims  Pee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  -3 =									
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Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00  SUBMITTED BY Signature Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00  SUBMITTED BY Signature Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936									
Signature Registration No. (Altomey/Agent) 37,134 Telephone (202) 344-4936	•								
Signature Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936	Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
Signature (Attorney/Agent) 37,134 Teleprione (202) 344-4930	SUBMITTED BY	1		/			<del></del>		
Name (Print/Type) Eric J. Franklin Date January 24, 2008	Signature	Sin'	my			37,134	Telephone	(202) 344-4936	
	Name (Print/Type)	Eric J. Franklin					Date	January 24, 2008	